

Registration District No. 420

Primary Registration District No. 5574

70

1. PLACE OF DEATH:

(a) County Jefferson
(b) City or town Walden
Route 1, DeSoto
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Not in Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether
In this community 8 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Route 1, DeSoto
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Oct. day 4
year 1941 hour 5 minute 45 p.m.

21. I hereby certify that I attended the deceased from
Sept. 29, 1941, to Oct. 4, 1941;
that I last saw him alive on Oct. 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 1 day

Due to General arterio-sclerosis years

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94a
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME LORIN EMERY STOCKBARGER

8. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex male race white 5. Color or 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Digby 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Nov 29, 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Rushville Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Ret. Post Master

11. Industry or business

MOTHER FATHER { 12. Name Frederick Stockbarger
13. Birthplace ? Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Rebecca Baer
15. Birthplace ? Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Alice Stockbarger

(b) Address RR no 1 - DeSoto Mo

17. (a) burial (b) Date thereof Oct. 7, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis (Bellefontaine)

18. (a) Signature of funeral director Lee Mothershead

(b) Address DeSoto, Mo.

19. (a) 10-14-41 (b) Fern Spencer
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 5

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Dr. V. J. McKinstry (M. D. or other) M.D.

Address DeSoto, Mo. Date signed 10/5/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 17 1944

OCT 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate, was embalmed by me, or by.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Lee Metherhead

Licensed Embalmer No. *3531*

P. O. Address *LaSato me*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.